

# Compliance - Event Reporting

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## 1.0 Purpose

This policy identifies the events (the “potential compliance issues”) you must report to Compliance Management. It also identifies the various reporting channels you can use.

## 2.0 Scope

This policy applies to all workforce members and all LMH Health entities (e.g., facilities and clinics).

## 3.0 Policy

### 3.1 Duty to Report.

- 3.1.1 We require all workforce members to promptly report actual or suspected “events” (as defined below). Events include potential compliance issues, and any other illegal misconduct.
- 3.1.2 If you fail to tell us about these events, you are subject to consequences appropriate to circumstances.
- 3.1.3 We encourage our patients, their family members, and community members to report events.

**3.2 Reporting Channels.** LMH Health creates and offers various ways for you to report events. The method you select, is up to you.

### 3.3 **Non-Retaliation.**

3.3.1 We do **not** permit retaliation against any person who asks for help, or honestly (in good faith) reports any event using information you believe to be truthful.

3.3.2 We protect you even if your honest belief turns out to be incorrect. Anyone who retaliates against you for reporting an event or following (or assisting with) our Compliance Program is subject to corrective action (e.g., termination of employment). See our Open-Door & Non-Retaliation policy, #8060-001.

3.4 **False Reports.** You are not protected if, at the time it was made, you report information you know is false. Intentionally false reports subject you to punitive action, which may include termination of employment (or contract) or privileges.

## 4.0 **Related Laws, Regulations, Polices, or Procedures**

4.1 **When In Doubt - Report.** You must report any event, especially if you (in good faith) think it involves misconduct or illegal (or other questionable) activity. *You must report, even if you are not sure or it turns out your belief is mistaken.*

### 4.2 **Open Lines of Communication**

4.2.1 We encourage open communication for all events, and any other issues, concerns or questions. If you need help, ask for it.

4.2.2 You can report to us directly or without identifying yourself (anonymously). For compliance reports, our reporting channels include:

- A. Telling your supervisor or any administrator (e.g., Senior Leader);
- B. Calling the Compliance Officer;
- C. Contacting an member of our Compliance Committees;
- D. Calling our Integrity Hotline ("Hotline"), or using the RLDatix reporting system (RL). If you call the Hotline or use the RL system's "Submit Anonymously" feature, you do not have to identify yourself;
- E. Using the US Postal Service to mail your written concern to the Compliance Officer; or
- F. Via email to [compliance@LHM.org](mailto:compliance@LHM.org).

4.2.3 You are free to report (speak up) to present ideas, ask legal or ethical questions, or make any good faith report. You may do so without fear of retaliation.

4.2.4 Your prompt reporting helps us quickly resolve and avoid harmful or illegal conduct.

### 4.3 **Where to Make a Compliance Report.**

#### 4.3.1 Directly To Management.

- a. You may report to your chain of supervision, or senior leadership. LMH Health has an “open-door policy” at all levels of management.
- b. You can report to Compliance Management. You can report direct to Compliance Management if the issue involves your chain of supervision, or if you do not feel comfortable reporting to them. You can report to Compliance by (a) mailing your information to The Lawrence Memorial Hospital, Attn: Compliance Officer, 325 Maine St. Lawrence, KS 66044, (b) placing a written report in Compliance Management’s mailbox (located on the hospital’s first floor), (iii) calling or stopping by our offices, or (iv) sending an e-mail to [compliance@lmh.org](mailto:compliance@lmh.org).
- c. You can report to any member of our Compliance Committees. We have identified these individuals (including contact information) on SharePoint’s Compliance page.

#### 4.3.2 Anonymously.

- a. You may file a report without telling us your name (anonymously) if you are not comfortable reporting in person, or if you are not satisfied with the response you received. You can file this type of report by (a) calling our Hotline at **877-474-1363**, (b) asking Compliance Management to not give out your name, or (c) filing an RL report (using its anonymous feature). LMH Health will keep your identity secret when you ask. In certain cases, please note, disclose may be required by law.
- b. The Hotline and RL reporting are always available. If you call the Hotline, a trained person answers. This person does not work for us. They do not track or record your telephone number. The Hotline staff may ask for your name, but you do not have to tell them. If you do, you can tell them not to provide it to us.
- c. The Hotline staff will write down your concerns and any details you provide. This service gives you a private report number. You can use it to call back to give us more details or to see what we did with your concern.

#### 4.3.3 Additional Places to Report.

- a. If it is a patient safety issue, at a Joint Commission accredited facility, you may report directly to The Joint Commission.
- b. You can externally report any illegal conduct (e.g., call the OIG Hotline for a Medicare violation) if you do not feel safe using our reporting channels.
- c. *When in doubt, select any available channel to report. We will send the report to the proper department.*

**4.4 Information We Need.** We need as much detail as possible. Tell us what is happening, where it is happening, and who else may know about it. The more detail, the better we can address your concerns or issues. Your failure to give us enough detail may prevent us from investigating or correcting the issue or concern.

**4.5 Routing and Recording of Compliance Reports.** If you make a compliance report to your chain of supervision, they will send it to the Compliance Officer. Compliance Management keeps a record of all reports it receives.

**4.6 After Receipt of a Compliance Report.** Compliance Management reviews all reports it receives. We make an initial good faith inquiry to decide what to do. We review (and investigate) reports in a timely manner. If the report does not contain a potential compliance issue, we will forward it to the appropriate area for resolution (e.g., HR). See our Compliance Investigations policy, # 8060-005.

**4.7 Reporting Retaliation.** We require you to report actual or suspected retaliation. LMH Health, and Federal and State laws, protect any person who (in good faith) (i) makes any report, (ii) helps investigate any report, or (iii) helps with corrective action. The Compliance Officer and HR will quickly investigate any reports of retaliation that relate to our Compliance Program. We will take corrective action against anyone who has knowingly engaged in, or failed to stop, retaliation.

## 5.0 Definitions

**Compliance Report** means you are telling us about a potential compliance issue.

**Integrity Hotline** means the part of our disclosure program, which allows you to ask questions or report events without giving out your name. You can reach the hotline (toll-free) by telephone at (ENGLISH) 1.877.474.1363. *You do not need to tell them who you are.*

**Event** means any condition or unplanned or unanticipated result that causes harm (loss or injury) or has the potential to cause harm or loss (or unintended injury). Events include any adverse event, mistake, error, near miss (e.g., good catch, no-harm events), potential compliance issues, hazardous or any unsafe conditions, System issues or concerns, and any opportunities for improvement. It also includes any “reportable incident”, Sentinel Event, or Serious Safety Event. See also our Event Report Quality Concern Policy, or our Quality Assessment & Performance Improvement Plan, #921.

**Overpayment** means any amount of money we receive in excess of the amount due and payable under Federal health care program requirements.

**Potential Compliance Issue** means:

1. any known or suspected violation(s) of (or any potential problem(s) relating to):
  - a. Our Compliance Program or Plan;
  - b. Our Code of Conduct,
  - c. Related-LMH Health compliance policies and procedures (e.g., gifts, business courtesies), or
  - d. State or Federal laws and regulations including, but not limited to: federal health care program requirements, the Anti-Kickback Statute, the Stark Law, or other criminal, civil, or administrative laws (especially if the violation may result in penalties or exclusion).
2. any Overpayments that result from systemic issues (affect a large number of claims);
3. notice of a governmental investigation or inquiry (e.g., any demand including an additional development request (ADR)) from a Unified Program Integrity Contractor, Recovery Audit Contractor, a Medicare Administrative Contractor (e.g., WPS), Kansas Medical Assistance Program, KanCare); or
4. Fraud, Waste or Abuse.

Examples of potential compliance issue(s) are listed in Attachment A. See also, our Compliance – Preventing & Reporting Fraud, Waste & Abuse policy, #8060-010.

**Retaliation** means a person treats you differently (usually in a negative way) for making a report or helping us investigate or resolve a report. For specifics, see our Open-Door & Non-Retaliation Policy, #8060-001.

## 6.0 Sanctions

LMH Health expects all workforce members to perform in a manner consistent with LMH's Purpose, Values, and Policies. When this does not occur, consequences appropriate to circumstances may result. In certain instances, consequences include termination of employment or privileges.

## 7.0 Questions/Waivers

Questions regarding this policy should be directed to the Compliance & Privacy Officer.

## 8.0 Document History

Rev	Date	Approved By	Comment
0	November 12, 2024	Executive Compliance Committee	Creation of Original Document

## ATTACHMENT A

If you have doubt about what (or where) to report, *please* call the Compliance Officer at 785-505-4905 or by using the Integrity Hotline. Or, simply report it using one of the available reporting channels and the person receiving it will get it to the proper department.

Report *events* as follows:

- a. **Employee Health:** The following *events* should be reported to Employee Health: Exposure to Hazardous Material, Communicable Diseases, and Bloodborne Pathogens; Workplace Injury; Illness; and Ergonomic Issues.
- b. **Patient (Quality of) Care Issues:** You should report these issues to Risk Management. If you work at a facility that is accredited by the Joint Commission, you can report a *patient safety* event directly to The Joint Commission at **1.800.994.6610**.

You can report by using the RL system (located on SharePoint. Click on the RL logo to submit a report.

Patient care or quality issues generally involve events that cause harm or are likely to cause harm to the health, safety, or well-being of a patient. Patient care issues or other “safety events” may involve the violation of a standard of care (medical errors or issues relating to medical decision-making), but do not violate other laws or regulations.

A list of Patient Care issues include, but is not limited to, the following:

- i. Medication Errors.
  - ii. Alleged malpractice or negligence (any deviation from the standards of care).
  - iii. Providing services outside the scope of one’s practice.
  - iv. Drug Diversion.
  - v. Events (including safety events) affecting patients.
- c. **Human Resource (HR) Issues:** While HR issues may violate our Compliance Program, you should report them to our HR Department.

Examples of HR issues include, but is not limited to, the following:

- i. Payroll (wage or timecard issues).
- ii. Sexual Harassment.

- iii. Workplace Issues (e.g., behavior, discrimination).
- iv. Violation(s) of any HR policy and procedure.

d. **Compliance Reports:** Compliance Management is directly responsible for the following events:

- a. System-Wide Failures. Any potential compliance issue involving a *system-wide failure* to comply with legal requirements. This is especially true if the event might lead to penalties or exclusion from any State or Federal health care program.
- b. Unlawful Conduct. Any issue, which may involve unethical or illegal conduct including violations of our Code, or our policies and procedures.
- c. Potential Compliance Issues. Examples of *potential compliance issue(s)* include, but are not limited to, the following instances:
  - i. HIPAA or privacy policies (improper use or disclosure of Protected Health Information).
  - ii. Misuse of Assets (e.g., theft)
  - iii. Overpayments.
  - iv. EMTALA issues.
  - v. Inappropriate Coding (Up coding; Unbundling).
  - vi. False Claims or other fraud (billing for services not rendered; false or fraudulent documentation or misrepresentations).
  - vii. Physician Arrangement Issues (Stark law or the Anti-kickback statute).
  - viii. Any investigation or legal proceeding alleging criminal conduct.
  - ix. Issues relating to Excluded/Ineligible Persons including the employment of, or contracting with, any workforce member who is excluded or ineligible from participating in Federal health care programs.
  - x. Patient Inducement.
  - xi. Concerns raised by our Medicare Administrative Contractor (WPS), or by any other governmental agency, contractors or audits.
  - xii. Matters resulting from claims reviews conducted or brought by a governmental entity or agents.
  - xiii. Deliberate Incorrect Abstraction or Altering of Medical Records.

- xiv. The arrival of government auditors or agents.
- xv. Improperly bypassing program edits.
- xvi. Inadvertent or intentional failure to abide by Federal, state or commercial program guidelines or requirements (e.g., coding, claim submission).

The above items are only a few examples of reportable events. **They do not list all of the reportable issues.**